

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90223 020 ****61.25

DOCUMENT # 716730

1. Entity Name

SOLID ROCK CHURCH OF GOD OF KISSIMMEE, INC.

Principal Place of Business

Mailing Address

**1904 N. MICHIGAN AVE.
 KISSIMMEE FL 34744**

**1904 N. MICHIGAN AVE.
 KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1856374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, THIERRY L
 4451 KISSIMMEE PARK RD
 ST CLOUD FL 34772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BUTLER, MARYLU H	
STREET ADDRESS	4451 KISSIMMEE PARK ROAD	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOMES, JAMES	
STREET ADDRESS	708 AMERICANA COURT	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	314 DACAMA COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEALY, ALFRED	
STREET ADDRESS	782 AMERICANA COURT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLT, LAURA	
STREET ADDRESS	7605 AVIANO AVENUE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BUTLER, THIERRY L	
STREET ADDRESS	4451 KISSIMMEE PARK ROAD	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN WALTON	
STREET ADDRESS	1023 WHISPERING CYPRESS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marylu Butler* **MARYLU BUTLER** 1-27-02 409-931-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)